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TO: Examiner: L. Scheiner

Group 1648

Fax No.: 703.305.3014

FROM: Andrea L. Gashler
Reg. No.: 41,029

OUR DOCKET NO.: P-PM 4966

REFERENCE: Serial No.: 09/966,608
Filed: September 27, 2001
Entitled: IBD-ASSOCIATED MICROBIAL NUCLEIC ACID MOLECULES

DATE: January 9, 2003

NO. OF PAGES (Including this page): 24

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Transmitted herewith are the following **OFFICIAL** documents:

- 1) This fax cover sheet: (1 page)
- 2) Form 1083 transmittal, in duplicate: (4 pages)
- 3) Response to the Office Action mailed November 18, 2002, with attached appendix A: (19 pages)

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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-PM 4966	
SERIAL NO: 09/966,608	FILING DATE: September 27, 2001	EXAMINER: L. Scheiner	GROUP ART UNIT: 1648	
INVENTION: IBD-ASSOCIATED MICROBIAL NUCLEIC ACID MOLECULES				

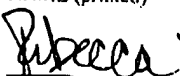
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January 9, 2003
DATE

Transmitted herewith is a Response to the Office Action
mailed November 18, 2002, with attached Appendix A, in the
above-identified application.

☒ Small Entity status of this application has been
established under 37 CFR 1.27.

☐ Petition for Extension of Time is enclosed (in
duplicate).

☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	29	-	31	-	0	x	\$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	3	-	3	-	0	x	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		X NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in
this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Braun and Sutton
Serial No.: 09/966,608
Filed: September 27, 2001
Page 2

- Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Andrea L. Gashler

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